

PTO/SB/50 (08-05)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE PATENT APPLICATION TRANSMITTAL

<u> </u>									
Address to:		Attorney I	Docket No.	153501-0321					
Address to:				ed Inventor	Bosley, R. et al.				
	Assistant Commissioner for Patents Box Reissue Original				5,873,235				
Box Reissue Washington, DC 20231				atent Issue Date n/Day/Year)	February 23, 1999				
			Express N	fail Label No.	EL 089 007 400 US				
APPLICATION FOR REISS (Check applicable box)	SUE OF:	Utility Pate	nt L	Design <i>Patent</i>	Plant Patent				
APPLICATION ELEMI	ENTS (37 CFR 1.17	'3)	ACCON	IPANYING AP	PLICATION PARTS				
1. Fee Transmittal Form (P			7.	the claims. See 37 CFR 1.173 (c).					
Applicant claims small entity status. See 37 CFR 1.27.			" -	Ribboned Original Patent Grant					
Specification and Claims in double column copy of patent format (amended, if appropriate)				Statement of Loss (PTO/SB/55)					
4. X Drawing(s) (proposed arr	mendments, if appropriate	e)	9.	Foreign Priority C (if applicable)	laim (35 U.S.C. 119)				
5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) (unexecuted)				10. Information Disclosure Copies of Statement (IDS)/PTO-1449 Citations					
6. Original U.S. Patent currently a		ŕ	11.	English Translation	on of Reissue Oath/Declaration				
X Yes No				(if applicable)					
			12	Preliminary Amen	dment				
(If Yes, check applicable box(e.	(If Yes, check applicable box(es)) 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
Written Consent of all Assignees (PTO/SB/53) (unexecuted) 14. Other: Request for Abstract of Title									
X 37 C.F.R. § 3.73(b) State	37 C.F.R. § 3.73(b) Statement X Power of Attorney								
(PTO/SB/96)	(PTO/SB/96) (unexecuted)								
(unexecuted)									
	15. CORRESPO	ONDENCE /	ADDRESS	941 MA					
Customer Number or E		Sustamer No. or Att	ach bar code label he		espondence address below				
Name IRELL & N	MANELLA LLP								
	nue of the Stars								
Address Suite 900									
City Los Ange	eles	State	CA	Zip Code	90067-4276				
Country U.S.A. Telephone			310-277-	1010 Fax	310-203-7199				
NAME (Printi Type) Robert Popa			Registration No	. (Attorney/Agent)	43,010				
Signature 20 ext XCO				Date	February 13, 2001				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

PTO/SB/56 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Onder ii	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numb REISSUE APPLICATION FEE TRANSMITTAL FORM Docket Number (Optional) 153501-0321											
	Claims as Filed - Part 1											
Claims			Numbe	er Filed in		(3)	Small E	ntity		Other than a	Small Entity	
Patent			Reissue	Application		ber Extra	Rate	Fee		Rate	Fee	
(A) 19		Total Claims (37 CFR 1.16(J))	(B) 19		***	· 0 =	×\$0_=			x \$=		
(C) 3		ndependent claims (37 CFR 1.16(i))	(D) 3			0 =	×\$ 0 _=		or	x \$=		
	Basic Fee (37 CFR 1.16(h)) \$ 355						\$					
	Total Filing Fee \$ 355 OR \$								\$			
				Claims	s as Ar	mended - P	art 2			' <u></u>		
		(1)		(2)		(3)	Small I	Small Entity Other than a Small Entity				
	i	Claims Remainin After Amendmer	~	Highest Number Previously		Extra Claims	Rate	Fee	Ţ	Rate	Fee	
Total Cl	aims			Paid Fo	or Present			 	_	 	<u> </u>	
(37 CFR	1.16(j)	*** 19	MINUS	** 20) 	* = 0	×\$=		0	×\$=	-	
Indepen Claims (37 CF		*** 3	MINUS	**** 3	3 	= 0	×\$=	ļ	0	x \$=	<u> </u>	
Claims (37 CF						Total A	dditional Fee		0	OR	\$	
** If the "F *** After a **** If "A" ***** "High Pleat A du A che Payr W be	* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. ****** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No											

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/53 (10-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: CONSENT OF ASSIGNMENT STATEMENT OF NON-ASSIGNMENT	NEE; Docket Number (Optional) 153501-0321
STATEMENT OF NON-ASSIGNMENT	155501 0521
This is part of the application for a reissue patent based on the c	original patent identified below.
Name of Patentee(s) Capstone Turbine Corporat	tion
Patent Number 5,873,235	Date Patent Issued February 23, 1999
Title of Invention Liquid Fuel Pressurization a	and Control Method
1. Filed herein is a statement under 37 CFR 3.73(b).	(Form PTO/SB/96)
2. Ownership of the patent is in the inventor(s), and n	no assignment of the patent is in effect.
One of boxes 1 or 2 above must be checked. If multiple assigne box 2 is checked, skip the next entry and go directly to "Name or The written consent of all assignees and inventors owning an ur patent is included in this application for reissue.	of Assignee".
The assignee(s) owning an undivided interest in said original pa and the assignee(s) consents to the accompanying application t	atent is/are <mark>Capstone Turbine Corpor</mark> ati for reissue.
Name of assignee/inventor (if not assigned)	
Capstone Turbine Corporation	
Signature	Date
Typed or printed name and title of person signing for assignee (Jeffrey Watts, Chief Financial Officer	(if assigned)

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.